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ABSTRACT

This handbook was designed to provide a basic introduction to and understanding of stress and its impact upon children. Several coping techniques for children are presented along with the methods with which to teach them. These techniques are intended to provide a resource for school psychologists working with children and adolescents who are experiencing significant stress. Part 1, An Introduction to Stress, includes sections on a definition of stress, vulnerability to stress, types of stressors, signs of stress, and an assessment of stress. Types of stressors identified and discussed include parental divorce; child abuse; death of a parent, relative, or friend; and economics. Two rankings of the severity of stress of a variety of children's life events are given. Part 2, Stress Management Techniques, contains sections on: (1) groups for children and adolescents; (2) assertiveness training; (3) relaxation training, including a muscle relaxation exercises script; (4) biofeedback; (5) rational emotive therapy; (6) bibliotherapy; (7) suggestions for teachers; and (8) suggestions for parents. The appendices contain assessment measures, group letters, characterizations of junk thought and clear thinkers, a 20-page bibliotherapy reference list, and a list of books of interest to parents. Additional references for professionals in the areas of biofeedback, rational emotive therapy, and relaxation training, and a 5-page bibliography are included. (NB)

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Stress Management for Children and Adolescents

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School
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STRESS MANAGEMENT FOR CHILDREN AND ADOLESCENTS

BY Dr. M. Carol Sensor

August, 1986

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TABLE OF CONTENTS

	Page
LIST OF TABLES	ii
AN INTRODUCTION TO STRESS	1
Definition of Stress	1
Vulnerability to Stress	3
Types of Stressors	6
Divorce	6
Abuse	7
Death	8
Economics	8
Ranking of Stressors	9
Signs of Stress	10
Assessment of Stress	12
STRESS MANAGEMENT TECHNIQUES	14
Groups for Children and Adolescents	14
Assertiveness Training	18
Relaxation Training	20
Muscle Relaxation Exercises Script	22
Biofeedback	26
Rational Emotive Therapy	28
Bibliotherapy	39
Suggestions for Teachers	40
Suggestions for Parents	41
APPENDIX A. ASSESSMENT MEASURES	43
APPENDIX B. GROUP LETTERS	50
APPENDIX C. CHARACTERIZATIONS OF JUNK THOUGHT AND CLEAR THINKERS	54
APPENDIX D. BIBLIOTHERAPY REFERENCE LIST	65
APPENDIX E. BOOKS OF INTEREST TO PARENTS	86
ADDITIONAL REFERENCES FOR PROFESSIONALS	89
Biofeedback	89
Rational Emotive Therapy	89
Relaxation Training	90
BIBLIOGRAPHY	91

LIST OF ILLUSTRATIONS

Illustration		Page
1.	A-B-C Cycle	29
2.	Clear Thinking	31
3.	S.U.D.S. (Specific Units of Distress)	33
4.	Rational Thinking Challenge Sheet	34
5.	S.L.A.M.: Challenge of Self-Defeating Thoughts	36
6.	Worksheet	38

AN INTRODUCTION TO STRESS

The purpose of this handbook is two-fold. The first goal is to provide the reader with a basic introduction to and understanding of stress and its impact upon children. The major focus has been geared to present several coping techniques for children and the methods with which to teach them. The coping techniques presented are not meant to be all inclusive but instead to provide a resource for school psychologists working with children and adolescents who are experiencing significant stress.

Definition of Stress

Stress is a term being used more and more frequently to describe what distresses us most in our modern society. However, it is important to realize that stress is not all negative; quite the contrary -- stress is an integral element of life. Without a certain amount of stress, there would be little in the way of constructive activity. Sometimes it drives us to accomplish things we might not have otherwise even tried. The problem in our post-industrial culture appears to be that the degree of stress and the number of stressors affecting our lives have become excessive and harmful. Today stress is also playing an ever increasing role in the lives of our children and young people, both positively and negatively.

Schultz (1980) described stress as the condition of increased wear and tear on the body which results from demands placed upon a child with which he or she finds it difficult to cope. The word itself is derived from the Latin stringere meaning to "draw tight".

The concept of stress was brought to public attention in 1936 by Dr. Hans Selye who stated that stress was a nonspecific physiological response to any demand. He saw stress as occuring on a continuum: not an all or nothing situation. According to Selye, there are no non-stressing situations, only more or less stressful ones. The only time of non-stress is death (Remer, 1984).

Internally, stress had been described as a state of nervous system arousal (Duncan, 1983). The autonomic nervous system (ANS), which controls breathing, heart rate, and digestion, is involved and is composed of two parts: the sympathetic nervous system (SNS), which prepares us for "fight of flight", and the parasympathetic nervous system, which is the opposite of the SNS and has been termed the "relaxation response". Topp and Wiarda (1984) presented the following information further contrasting the two systems:

Sympathetic	Parasympathetic
Increased heart rate	Decreased heart rate
Increased blood pressure	Decreased blood pressure
Increased body metabolism	Decreased body metabolism

Increased breathing rate	Decreased body metabolism
Increased blood flow to muscles	Decreased flow to muscles
Stimulated by caffeine	Descreased by exercise, sleep, relaxations methods
Stimulated by nicotine	Decreased by moderate use of alcohol

Continued arousal of the SNS has been found to be detrimental to children's health due to direct tissue damage as well as suppression of the body's defenses against disease. Roghmann's 1973 study on the influence of stress on child illness found that children were twice as likely to experience illness on a day of stress, such as a family fight or loss of a job, and the chances were three times as great the day after a stressful event (cited in Duncan, 1983). Thoresen and Eagleston (1983) cite several studies which had found that children, as well as adults were more vulnerable to various medical and psychological disorders during the time, usually six to twelve months, surrounding major life events.

Vulnerability to Stress

Stress doesn't necessarily result from a single particularly negative event. It appears instead to result from a complex interaction betwen the event and a variety of psychological factors, including the person's expectations, past experience, and current coping skills (Maier and Laudenslager, 1985). As was stated previously, stress results from a demand for readjustment in the child's life. If that readjustment is one the child has

made successfully in the past, it will be easier for them to make the readjustment again. Also, the greater the stress experienced, the more time needed for recuperation. When stress crowds upon stress without the necessary recuperation time, the risk from stress becomes greater. Another important factor was described by Lazarus (cited in Cohen and Cohen, 1984) who refers to "ripple" effect from major life changes. For example, if a child's parents decide to divorce, the child will obviously feel the affects of the divorce itself; but many other smaller changes will also need to be coped with. Changes in income, schedules, chores, and extended family relationships are only a few of the alterations in life style that will be inevitable and stress invoking.

Therefore, the number of stressors impacting upon a child, the time span between stressful events, and the child's coping history and patterns all work to determine how the child handles stress. In addition, children differ greatly in the coping skills they personally possess for dealing with stress. Some have difficulty asking others for assistance; some find it uncomfortable or impossible to express feelings openly. Still others experience great difficulty resisting peer pressure or adult demands. Although some sort of social support system may exist, not all children are equally able to take advantage of them. Also of importance is the child's ability to activate the "relaxation response".

A personality pattern has been identified in adults which has been found to be at increased risk for heart disease and has been termed the "type A personality" (Friedman and Rosenman, 1974). These persons have been characterized as:

-moving, eating, or walking rapidly;

-hurrying the ends of sentences;

-feeling impatient with the rate at which most things occur;

-"polyphasic" thought or performance (doing 2 or 3 things at the same time;

-feeling guilty about relaxing or doing "nothing"

-thinking about business or work while on vacation;

-scheduling more and more in less and less time;

-having difficulty listening to others because of preoccupation with one's own thoughts;

-spending so much time acquiring things that there is no time left to enjoy them;

-believing that success is due to the ability to get things done quickly, and thus being afraid to stop doing everything faster and faster.

In general, "Type A" people are aggressive and have a higher than average level of hostility.

Now there is growing evidence that we can identify this behavior pattern in children. This is not surprising when we consider the number of forces in our society which aid in molding and encouraging "Type A" behavior. Who of us in the schools does not reinforce time urgency, reward promptness, and encourage competitiveness?

We are also seeing an increase in depression and high blood pressure, with children as young as five developing ulcers (Kuczen, 1984). The adolescent suicide rate has tripled since 1958; it is currently the third leading cause of death among teenagers (Cohen and Cohen, 1984).

Types of Stressors

During the course of normal development, children encounter a myriad of stressors in their environment. These include such milestones as the weaning of infants, toilet training, entering school for the first time, the birth of siblings, the onset of puberty, graduation, etc: the normal occurrences of the "joys of growing up". In addition to these predictable, expected non-traumatic sources of stress, a rising percentage of our children are now having to cope with the more traumatic stressors of divorce and abuse.

Divorce

In 1983, 25 million children lived in step-family situations and a million more are being added each year (Arent, 1984). The stress of adjusting to a new family is then compounded by a second separation due to the fact that 65% of all second marriages fail. Currently there are 1.5 million divorces each year; 50% of them involve children (Goldman, 1985). Statistical projections indicate that by 1990 one out of every three children under the age of 18 will have divorced parents (Glick, 1979; Wattenberg & Reinhardt, 1979).

Considering what is known about the "ripple effect" with major sources of stress and the fact that 90% of single parent families are headed by women and only one-third of non-custodial fathers contribute money, the impact of a divorce upon the lives of children is traumatic in the least and recovery a long continuing process.

Abuse

Another traumatic event or series of events that are coming more to light in our society are the abuses of children. Nationally, one out of ten children is sexually, physically, or emotionally abused or neglected. Arent (1984) reported that more than one million children were abused or neglected in 1982 and more than 2,000 died. In our own state in 1984, 24,312 children were reported to the Department of Human Services in suspected child abuse cases. During that time, 8 died due to abuse and related injuries. During the first six months of 1985, there were 8,178 reports involving approximately 13,000 children (DHS Statistical Report, May 1985).

Sexual abuse has only recently come to the awareness of the American public. The National Center on Child Abuse and Neglect (cited in Kempe and Kempe, 1984) reported a 200% increase in reported cases of sexual child abuse since 1976. Since sexual abuse has been researched, some statistics have been generated. DeVine (1980) found that females are reported as victims in ten times as many cases as males. In 97% of the cases that reported

offender is male. 50-80% are abused by persons they know; parents and relatives account for 30-50% of the reported cases (Sgroi, 1975). The average age of onset of all forms of incest, according to Kempe and Kempe (1984) is 8-9 within an average duration of about 5 years. According to the National Center (Kempe and Kempe, 1984), sexual abuse was proportionally more common in rural counties than elsewhere.

Finkelhor (1979) studied college students via questionnaires. The results obtained revealed that nearly 1 in 5 girls and 1 in 11 boys had had a sexual experience of some kind with a much older person during their childhood.

Death

Death of a parent has been rated in most studies as the most stressful of the stressors. The Statistical Abstract of the United States, 1981, (cited in Elbert, 1982) indicated that one out of twenty youngsters would face this experience prior to age 18. Thousands more will experience the loss of another relative, sibling, or friend.

Economics

Another significant stressor has surfaced recently, affecting the lives of nearly everyone who lives in the Farm Belt. The economic concerns generated by this economic crisis affect all facets of our lives. Children and their families are facing problems and situations which have not been commonplace since the 1930's. The ripple effect is at work here also. Not only are the children seeing their families lose the farms they have lived

on for generations, they are also facing in many cases farm sales, bankruptcy court, and in the end relocation. If that is not enough, their schools are also having to adjust to the "new economics" by cutting staff, programs, closing buildings, and in some cases consolidating with other districts.

Rankings of Life Events

In order to determine the severity of stress of a variety of children's life events, Chandler (1981) had mental health professionals and teachers rate each of thirty-seven events from 0 to 20, with the higher scores being more stressful. "Physical child abuse" was arbitrarily assigned a value of 20 as a reference point. The following ranking resulted:

Physical child abuse	20.0
Death of a parent	19.43
Divorce of parents	17.80
Death of brother or sister	17.78
Acquiring a visible deformity	16.71
Marital separation of parents	16.66
Foster home placement	16.39
Serious illness requiring hospitalization of child	15.87
Death of a close friend	15.47
Jail sentence of a parent	15.16
Severe illness requiring hospitalization of parents	15.12
Having a visible congenital deformity	14.16
Increase in number of arguments between parents	13.66
Becoming involved with drugs and alcohol	13.57
Marriage of parent to step-parent	13.31
Increase in number of arguments with parents	12.92
Frequent absence of one or both parents	12.83
Change in child's acceptance by peers	12.83
Family moves: relocations	12.68
Academic failure	12.27
Changed schools	12.27
Learning problems in school	11.95
Illness requiring hospitalization of sibling	11.16
Beginning school	11.10
Death of a grandparent	11.07

Speech problems	10.77
Hearing problems	10.74
Child needed special education services	10.40
Suspension from school	10.06
Mother beginning to work	10.00
Loss of job by parent	9.83
Poor grades in school	9.69
Birth of brother or sister	9.27
Increased arguments with brothers and sisters	9.15
Brother or sister leaving home	8.93
Addition of third party to family (grandmother)	7.98
Vision problem requiring glasses	6.21

In order to determine which of life's events were thought to be stressful by the children themselves, Yamanoto's 1979 study utilized 367 fourth, fifth, and sixth graders who rated 20 life events on a seven-point scale. The scale range from "most upsetting" (7) to the "least upsetting" (1). The following ranking was thus obtained: (ranked from most to least stressful.)

1. Losing a parent
2. Going blind
3. Academic retainment
4. Wetting in class
5. Parental fights
6. Caught in theft
7. Suspected of lying
8. A poor report card
9. Sent to principal
10. Having an operation
11. Getting lost
12. Ridiculed in class
13. Move to new school
14. Scary dream
15. Not making 100%
16. Picked last on team
17. Losing in game
18. Going to the dentist
19. Giving class report
20. New baby sibling

Signs of Stress

Following is a list of a variety of symptoms which may indicate that a child is reacting to excessive stress. The list is by no means exhaustive; it is meant to provide some background and increase awareness of some of the subtle signs of stress.

An important thing to remember when considering any individual child is to look for a change from the child's typical behavior pattern.

Lowered self-esteem

Becoming withdrawn

Increasing/decreasing dependence

Trouble making decisions

Change in social or work habits

Missing deadlines

Increase in mistakes

Change in temperament

Decreased performance level

Resistance to established routines

Extreme obedience and compliance

Anxiety, complaints of feeling afraid/upset without being able to identify why

Bedwetting, soiling

Boasts of superiority

Complaints of neck/back pain or headaches

Complaints of pounding heart, rapid breathing, or hyperventilating

Complaints of stomach upset, vomiting, frequent urination, or diarrhea

Compulsive ear tugging or hair pulling

Cruel behavior toward people or pets

Explosive crying

Extreme nervousness

Regression

Extreme worry

Frequent daydreaming

Increased number of minor accidents

Irritability

Listlessness

Lying or stealing

Poor eating or overeating

Poor sleep

Stuttering

Teeth grinding

Thumb-sucking

Change in style of dress

Assessment of Stress

In addition to noting the behavioral signs of stress, in many individual cases it is helpful to utilize a more formal instrument in the assessment of stress. Several rating scales have been developed to assess the amount of stress influencing a child's life. Perhaps the most widely known stress scale was developed for adults by physicians Thomas H. Holmes and Richard H. Rahe in 1967, the Social Readjustment Rating Scale. The scale has since been adapted for children (Miller, 1982). Another assessment measure, the Loss Inventory for Kids, is also a useful tool for the school psychologist. It can be utilized in an interview situation and is unique in the fact that it encompasses the past four years of a child's life. Both of these instruments are contained in Appendix A.

A third measure, the Adolescent-Family Inventory of Life Events and Changes (A-FILE), was developed to assess stress in

adolescents. This instrument is a 50 item self-report schedule and involves events occuring during the prior 12 months. The A-COPE (Adolescent Coping Orientation for Problem Experiences) was developed to assess the stress coping skills of adolescents (McCubbin and Patterson as cited in Ehly, 1985).

STRESS MANAGEMENT TECHNIQUES

Groups for Children and Adolescents

Utilizing a group approach to assist children and adolescents under stress has proven itself very effective. The majority of the other stress-reducing techniques presented in this handbook are easily adapted to a group presentation.

In general group counseling may be defined as two or more people working together to discover alternative solutions to problems (Dinkmeyer, 1968). Within the school setting group counseling is a natural tool with which to deal with relationships. In addition, children and adolescents often respond more readily in a group as in some cases the presence of peers tends to help them feel more at ease (Muro and Dinkmeyer, 1977).

The rationale for utilizing groups with children of school age focuses upon the fact that most problems are social and are therefore best treated in a social situation. The process of group counseling enables members to feel a sense of belonging, regardless of their individual short-comings in the classroom or other social situations. Groups also aid in the development of social interests and provide the opportunity to realize that others have similar problems (Dinkmeyer, 1968).

Administrative Considerations

When considering which children should be included in a group, several factors need to be given consideration. Members for the group are selected at the start because they share common

problems and are thought to be motivated to work on the solution. When having teachers suggest children for a group, it is usually helpful if a short description of the group and its goals is provided to them. (See Appendix B).

The actual number of children selected to participate in a group at any one time depends upon the maturity levels of the members, their levels of adjustment, and the topics to be discussed. In the elementary school groups of four to six have been found to work well (Mayer and Baker, 1967). This small size provides a better opportunity to interact with peers and to gain social experience than would be possible in a larger group (Combs and others, 1963).

Groups comprised of middle and high school students generally are recommended to have six to eight members, depending upon the individual members and the group's purpose. Typically, the more antisocial or antischool the attitudes of the potential members and the more aggressive their behavior, the lower the number that can be worked with easily (Combs and others, 1963). In most instances group in the schools meet for one session weekly with the sessions 30-45 minutes in length in the elementary school and the length of a class period for the older students. At the onset of the group it is also good to set a termination date.

To obtain parent permission for the students to participate in a group, contact is made initially via the telephone with the parent. A letter is then mailed to the parents for written permission. At the conclusion of the group, another letter is

sent to the parents summarizing the groups' activities and activities and their child's participation. Examples of these letters are in Appendix B.

K.I.D.S. Group Therapy Program

A group model developed by Susan Dennis, ACSW, has been found to be an excellent model for use with children between the ages of four and twelve. The program was developed from a number of therapy models including Gestalt Therapy, Developmental Play Therapy, Affective Education, Assertiveness Training, and Behavior Therapy. The resulting model has a structured framework with specific universal goals as well as allowing for flexibility in specific content to meet the needs of individual groups. In her group model, the group has two sets of goals, process and content. The process goals remain constant for all behavioral groups and include:

> A. To establish an attractive group to individual members such that they will consistently attend and participate.
> B. To maintain a high degree of member-to-member participation, participation related to group content and participation of an increasing self-disclosure nature.
> C. To establish a cohesive group such that the group is a strong reinforcing agent and aversive agent for behavioral changes among members (p. 4).

The content goals are those which identify the types of knowledge, awarenss and skills being addressed in a particular group.

The K.I.D.S. Group program consists of four parts during each group session.

I. Leader Role
II. Review Questions
III. Session Theme
IV. Wrap-Up

The leader role begins each session with the members taking turns being the leader for a 3-5 minute period. The leader's role should always be a comfortable one with the responsibility altered depending upon the skills of the leader. Their responsibility may include a review of group rules, asking questions about positive group changes, or recalling what was done the previous session. The review question refers to a short review of the last session by the group facilitator. The theme for the session is then introduced via a variety of techniques. The final component allows for a time when group members can reflect on the positive aspects of the session.

Themes for the groups are most appropriate when they focus on member's current experience. A benefit of the relevancy of themes is the easier generalization to the children's everyday environment. For example, in a recent group whose focus was assertiveness training, the scenarios for the rule playing situations came directly from the members and problem situations they had experienced personally. The Theme/Technique Directory (Dennison, 1980) provides extensive ideas for utilizing the theme/technique approach; however, there is not one appropriate list of themes to be used with every group or a specific sequence of themes. The determination of which themes and techniques to employ results from the facilitator's assessment of the members, their needs, and the purposes of the group. Many common items can be utilized as the techniques for a variety of themes. For example, card games and board games may be used for the themes of taking turns, paying compliments, increasing member interactions, and/or cooperation. The number of techniques to focus on a particular theme is limited

only by the facilitator's imagination and willingness to experiment with new ideas.

The duration of the group depends again upon the developmental level of the students and the school's calendar. Twelve weeks has been found to be a manageable span of time for most children and situations.

Assertiveness Training

Assertiveness training is another stress management technique which has been found to benefit young people. With this technique the children learn to express themselves in a manner that helps them get their needs met, feel better about themselves, and as a result, less stressed. Essentially, assertion is taking responsibility for what a person needs or wants, including their feelings, and not pushing it onto someone else. It is also saying what is meant in a straight forward manner without belitting the other person (Steinmetz et al., 1980).

In teaching assertive behavior to children, the use of three behavior styles, passive, aggressive and assertive, helps to facilitate their understanding. When being passive, the person allows others to choose for them and to "walk all over them". A typical response for a passive child would be to "ignore" what happened or to go along with others even though they may not truly care to. In working with children, it may be helpful to call the passive response, the shy puppy dog (Booraem, Flowers, and Schwartz, 1978).

In contrast, the aggressive response may be appropriately termed, King Kong. An aggressive child likes to be in control. They prefer to choose for others and are insensitive to the needs of anyone else. The aggressive person involves themselves in win-lose situations where only they can win. The other person in the interaction typically feels hurt and humiliated (Steinmentz et al, 1980, Booraem et al., 1978).

Assertiveness then is a compromise between the two extremes. The child states what they want or need and take responsibility for what they are saying but do it in a way which does not demean someone else. A succinct presentation of assertive behavior is:

I. Expressing statements
   - A. Making "I" statements
   - B. Ability to be in touch with your needs and wants and being able to express them
   - C. Owning your own ideas
     1. Making personal statements instead of asking questions, e.g., "I think" v.s. "Don't you think that...?"
     2. Owning your ideas--shying away from quoting statements, sources when not needed
   - D. Describing what you see going on objectively (Not dealing in personalities or second-guessing an other's motives).
   - E. Asking for what you need and allowing the other to refuse you without guilt.

II. Being aware of what's going on in an interaction, taking responsibility for your own behavior and some control of the direction the interaction takes.
   - A. Communicating to others what you think is going on, e.g., identifying game playing, etc.
   - B. Reporting how you feel about what's going on in the interaction.
   - C. Asking the other person to confirm or deny his/her goals in the situation and communicating your own feelings and ideas.
   - D. Choosing not to respond or continue in the interaction if it is contrary to your own goals (Deferring discussion if necessary).

III. Non-verbal--Body language
   A. Using eye contact, direct and extended (but do not engage in a stare-down).
   B. Practice using your hands only when you want to use them emphatically and in a well-timed manner.
   C. Smile responses, only when you mean to smile--not compulsive smiling, and nodding approvals.
   D. Body posture--holding head erect, leaning in, facing the person you are talking to; not tense or withdrawn, meek, or with hands over mouth.
   E. Projecting voice, speaking up, loud and clear. Avoiding low, inaudible voice.
   F. Using short sentences with frequent pauses for others' comments.
   G. Choosing where you wish to place yourself, physically, in a group. Being aware of control, visible positions v.s. sideline, protective position. Becoming aware of choices you are making. (Steinmetz, et al., p. 26)

In teaching these skills to students, a structured program such as the one in Boraem et al., (1978) can be quite helpful. Role playing many varied situations where the participants may practice their newly acquired skill is very helpful in their incorporating that behavior into their everyday behavioral repertoire.

Relaxation Training

A very effective technique which can be utilized to teach children and adolescents to directly manage stress is relaxation training. These exercises have two general purposes:

1) To present or reduce the physical symptoms of stress, which can be an effective technique in stressful situations that can not be changed;
2) to enable the child to use other coping techniques by keeping anxiety at a manageable level (Steinmetz and others, 1980).

In relaxation training the child is taught to focus their attention on a specific part of the body and to tense and then relax muscles. The tension should be as much as possible for 3-5 seconds and then letting go, or relaxing, all at once. Each muscle group is tensed and relaxed twice with three muscles groups

being introduced during initial sessions which last approximately 15 minutes. The child or children is (are) encouraged to practice once each day. Relaxation training can be effectively taught individually or in small groups of up to 4 or 5 (Barrios, 1985).

After the child/children are relaxed, this state should be maintained for 5 to 10 minutes. During this time, the child may focus upon pleasant experiences or participate in guided visual imagery.

A typical script that may be used with a variety of age groups follows:

MUSCLE RELAXATION EXERCISES SCRIPT

(series of dots indicate approximate duration of pauses in seconds)

ONE OF THE REASONS THAT YOU SOMETIMES FEEL UPTIGHT IN SCHOOL OR TAKING TESTS IS THAT YOU ARE UNABLE TO REMAIN CALM AND RELAXED IN THESE SITUATIONS.

BUT FIRST YOU MUST LEARN HOW TO RELAX YOURSELVES DEEPLY AND COMPLETELY, AND THAT IS WHAT WE WILL TRY TO ACCOMPLISH. I WILL FIRST ASK YOU TO LISTEN CAREFULLY AND DO EXACTLY AS I SAY. FIRST, MAKE A TIGHT FIST WITH BOTH HANDS. GO AHEAD. . . NOW, HOLD THAT FIST VERY TIGHTLY. THIS WILL TENSE THE MUSCLES IN YOUR HANDS AND IN YOUR FOREARMS. SQUEEZE VERY TIGHTLY SO THAT THEY TREMBLE SOMEWHAT. NOW, RELAX THEM COMPLETELY. LET THEM GO LIMP. NOTE HOW THE MUSCLES FEEL AS RELAXATION FLOWS THROUGH THEM . . . .RELAX THEM . . . . ALL RIGHT, NOW TENSE THE SAME MUSCLES AGAIN . . . . HARD FISTS WITH BOTH HANDS . . . . AND RELAX THEM . . VERY LIMP. . . . NOTE AGAIN HOW THEY FEEL BECOMING MORE AND MORE RELAXED . . . YOU MAY FEEL A SENSE OF WARMTH IN YOUR MUSCLES AS THEY GET COMPLETELY RELAXED. . . . ALL RIGHT, NOW, ONCE MORE. TENSE THEM. . MAKE HARD FISTS. . .AND RELAX THEM COMPLETELY . . . . GOOD. . . COMPLETELY LOOSE. . . . .

NOW LET'S DO THE UPPER ARMS. WHEN I SAY SO, I WANT YOU TO TENSE THE MUSCLES IN THE REGION OF YOUR BICEPS. ALL RIGHT, NOW. . . . TENSE YOUR UPPER ARMS AS TIGHTLY AS YOU CAN . . . YOU MAY FEEL SOME TENSION IN YOUR SHOULDERS AT THE SAME TIME--MAYBE ALSO IN YOUR FOREARMS--BUT CONCENTRATE ON THE FEELING OF TENSION IN YOUR UPPER ARMS. . . . NOW, RELAX THEM COMPLETELY. . . .NOTE THE SIMILARITY IN THE FEELINGS OF RELAXATION, THE ABSENCE OF TENSION . . . . GOOD. . . .NOW PAY ATTENTION TO THIS FEELING OF RELAXATION SO THAT YOU CAN RELAX THESE MUSCLES AGAIN BY NOTING WHEN YOU HAVE AGAIN ACHIEVED A SIMILAR FEELING OF COMPLETE ABSENCE OF TENSION . . . VERY TENSE. . . TIGHTER . . . AND RELAX THEM. . . LET THEM GO LOOSE. . . ABOSLUTELY LIMP. . . FINE.

NOW, LET'S MOVE ON TO THE MUSCLES OF YOUR UPPER FACE AND HEAD . . .WE DO THIS BY CLOSING OUR EYES VERY TIGHTLY AND WRINKLING UP OUR NOSES. . . NOW, LET'S TRY THAT. VERY TENSE. . . CLOSE YOUR EYES VERY TIGHTLY . . . WRINKLE UP YOUR NOSE. . . TRY TO WRINKLE YOUR FOREHEAD AS MUCH AS YOU CAN, TOO. . . AND RELAX THOSE MUSCLES COMPLETELY. . . YOU MAY HAVE A SENSATION OF TINGLING IN YOUR FOREHEAD OR UPPER FACE, BUT THAT IS A SIGN THAT THESE MUSCLES ARE RELAXED . . .THAT'S GOOD. . . NOW ONCE MORE. EYES TIGHTLY SHUT, NOSE AND FOREHEAD WRINKLED . . .AND LET THEM GO LIMP. . . LIMP. . . ABSOLUTELY RELAXED. CONCENTRATE ON THE FEELING OF RELAXATION . . . . . .FINE.

NOW LET'S TRY THE LOWER FACE. THIS WE DO BY PULLING BACK THE CORNERS OF OUR MOUTHS AS FAR AS POSSIBLE AND CLENCHING OUR JAWS TIGHTLY . . . NOW, LET'S TRY IT. . . TEETH CLENCHED, CORNERS OF THE MOUTH BACK. . . ALMOST A SMILE. . . . FINE. . . . AND RELAX THEM. . . .VERY LIMP. . . . AGAIN YOU MAY HAVE A TINGLING FEELING. THIS IS A SIGN THAT YOU TENSED AND RELAXED THESE MUSLCES IN THE PROPER WAY. . . . ONCE MORE . . . JAWS CLENCHED . . .CORNERS OF THE MOUTH PULLED BACK TIGHTLY. . . AND RELAX. . . . FINE. . . . .

NOW LET'S DO THE NECK AND CHIN. WE DO THIS BY PULLING IN OUR CHINS AGAINST OUR CHESTS AS TIGHTLY AS POSSIBLE . . .LET'S DO THAT NOW. . . FEEL YOUR NECK MUSCLES STRAINING . . ALL RIGHT, RELAX THEM. . . COMPLETELY . . . . COMPLETELY . . .VERY LIMP. . . FEEL THE WEIGHT OF YOUR HEAD ON THE BACK OF THE CHAIR. . . . ALL RIGHT, LET'S DO THAT SET OF MUSCLES AGAIN. . . CHIN PULLED IN COMPLETELY, NECK MUSCLES TENSED. . . THERE MAY BE A SLIGHT QUIVERING IN YOUR HEAD. . ALL RIGHT, NOW RELAX THEM. . . AND LET THEM GO. . . YOUR HEAD FEELS RATHER HEAVY NOW ON THE BACK OF THE CHAIR. . . .

NOW LET"S DO YOUR CHEST MUSCLES AND UPPER BACK. THIS WE DO BY HAVING OUR CHEST AND BACK MUSCLES PULL AGAINST EACH OTHER. YOU CAN INITIATE THIS BY PULLING YOUR ARMS IN TO YOUR SIDE VERY TIGHTLY. YOU WILL FEEL THE MUSCLES IN THE TOP OF YOUR BACK GROW TIGHT AND THE MUSCLES ACROSS THE TOP OF YOUR BACK PULLING AGAINST THEM. DO THAT NOW. . . VERY TIGHTLY. . . TENSE THEM. . . AND LET THEM GO. . .VERY LIMP NOW. . . NOTICE THE FEELING OF RELAXATION AGAIN. . . AND ONCE AGAIN. . .ARMS IN AGAINST YOUR SIDES TIGHTLY. CHEST MUSCLES FEELING VERY TENSE AND HARD. YOUR UPPER BACK MUSCLES PULLING AGAINST YOUR CHEST MUSCLES. . . AND LET THEM RELAX. . . VERY LIMP. . . . . FINE. . .

NOW WE WILL DO YOUR STOMACH MUSCLES, THE MUSCLES OF YOUR ABDOMEN. THIS WE DO BY MAKING A VERY HARD STOMACH. . . MAKE YOUR STOMACH MUSCLES AS HARD AS YOU CAN . . THIS YOU MAY DO WITH THE HELP OF BREATHING. MAKE YOUR STOMACH HARD NOW. . .VERY TIGHT. . . VERY TIGHT. . . AND LET IT GO . . LIMP. . . LOOSE . . . VERY RELAXED . . . CONCENTRATE ON THE FEELING OF RELAXATION IN THOSE MUSCLES NOW. . . AND ONCE AGAIN . . ABDOMINAL MUSCLES VERY HARD NOW. . . AND LET IT GO. . . VERY RELAXED. . . EASY BREATHING. . . VERY LIMP. . . FINE.

NOW LET'S DO THE MUSCLES OF YOUR UPPER LEG. THIS YOU WILL DO BY PUTTING YOUR LEGS OUT STRAIGHT AND HOLDING THEM VERY STIFFLY. YOU'LL FEEL THE TOPS OF YOUR LEGS GET VERY TENSE. TRY IT NOW. FEET STRAIGHT OUT . . . NOTICE THE FEELING OF TENSION IN THE TOPS OF YOUR LEGS AND THE BOTTOM OF YOUR LEG PULLING AGAINST IT. . . AND LET IT GO LOOSE. . . RELAX NOW. . . LEGS DOWN AND VERY RELAXED. . . THAT'S GOOD. NOW LET'S TRY THE UPPER LEGS AGAIN. .. . . LEGS STRAIGHT OUT AND PUSHING VERY HARD. . . AND NOW RELAX THEM . . . AS LOOSE AS YOU CAN. . CONCENTRATE ON THE FEELING OF RELAXATION . . . .THAT'S FINE.

NOW LET'S DO THE LOWER LEG, THE CALVES. DO THIS BY POINTING YOUR TOPS AS FAR AS YOU CAN. . . AS IF YOU WERE REACHING FOR SOMETHING. YOU WILL NOTICE THE TENSION IN YOUR CALVES. DO THAT NOW . . HOLD IT. . . NOW LET THEM GO LOOSE. . . VERY LIMP AND RELAXED. . . . FINE. . . NOW LET'S DO THE LOWER LEG THE OTHER WAY THIS TIME. . . PULLING YOUR TOES UP AND EXTENDING YOUR HEELS OUT AS FAR AS THEY WILL GO . . . . TRY IT NOW . . . VERY TIGHT. . . . AND RELAX. . . . VERY LIMP NOW. . FEELING OF DEEP RELAXATION NOW IN YOUR LOWER LEGS SIMILAR TO THE FEELING OF RELAXATION IN THE OTHER MUSCLES. . . FINE . . . NOW LET'S DO THE CALVES AGAIN BY POINTING YOUR TOES. . . NOTICE THE FEELING OF TENSION IN YOUR CALVES. . .VERY TIGHT . . NOW RELAX THEM. . . VERY LIMP. . .FINE.

NOW WE'LL DO THE MUSCLES IN OUR FEET AND ANKLES. THIS WE CAN DO BEST BY SIMPLY CURLING OUR TOES AS TIGHTLY AS WE CAN DO THAT NOW. . . THERE WILL BE TENSION IN THE UNDERSIDE OF YOUR FOOT AND ALONG THE TOP AS WELL..

. . . . AND RELAX NOW. . . VERY RELAXED . .NO MOVEMENT. . . NOTICE THE FEELING OF RELAXATION THERE . . . MAYBE A SENSATION OF TINGLING OR WARMTH. . . NOW LET'S TRY THE FEET AGAIN. CURL THE TOES AGAIN VERY TIGHTLY NOW. . . VERY TIGHT . . . AND RELAX. . . LET THEM GO VERY LOOSE. . . NO MOVEMENT. . . TOTAL RELAXATION THERE . . . . . FINE.

NOW THAT WE'VE GONE THROUGH ALL THE MAJOR MUSCLE GROUPS, LET'S TRY TO GET ALL THE MUSCLES RELAXED AT THE SAME TIME. I WANT YOU TO GO THROUGH THE MUSCLE GROUPS WITH ME AND CHECK TO SEE IF YOU CAN'T RE-ESTABLISH THAT SAME LIMP, RELAXED FEELING WHICH YOU EXPERIENCED WHEN YOU FIRST DID THEM. START WITH YOUR HANDS AND FOREARMS. IF THEY ARE NOT TOTALLY RELAXED, TENSE THEM SLIGHTLY AND THEN LET THEM RELAX LIKE YOU DID BEFORE. . . . . TOTAL RELAXATION IN YOUR HANDS AND FOREARMS. . . VERY LIMP. . . . NOW GRADUALLY BRING IN YOUR UPPER ARMS. . . AGAIN STRIVE FOR TOTAL RELAXATION . . .IF YOU DON'T HAVE THE FEELING THAT THEY ARE VERY RELAXED, TENSE THEM, SLIGHTLY AND THEN LET THEM GO LIMP AND YOU DID BEFORE. . . NOW YOU'VE GOT YOU HANDS, FOREARMS, UPPER ARMS GETTING VERY RELAXED AND LIMP. . . GOOD. . . NOW BRING IN THE UPPER PART OF YOUR FACE AGAIN. . . CONCENTRATE ON YOUR FOREHEAD, YOUR SCALP. . . THE MUSCLES AROUND YOUR EYES . . . VERY RELAXED. REMEMBER, IF THEY AREN'T RELAXED, TENSE THEM SLIGHTLY BE WRINKLING YOUR NOSE AND CLOSING YOUR EYES, AND THEN RELAXING THEM AGAIN. . . VERY LOOSE. . . AND NOW YOUR LOWER FACE . . CHEEKS, JAWS, LOOK FOR THAT SAME FEELING OF RELAXATION . . . VERY LIMP. . . . AND YOUR NECK. . . LIMP. . . YOUR JAW SHOULD BE SLACK. . . FINE . . . AND NOW YOUR CHEST MUSCLES AND UPPER BACK. . . YOUR SHOULDERS ARE AGAIN VERY RELAXED. . . VERY LIMP. . . .NOW THE UPPER PART OF YOUR BODY IS RELAXED. CONCENTRATE ON YOUR STOMACH MUSCLES NOW. . . . . VERY RELAXED, BREATHING EASILY. . . YOU STOMACH SHOULD NOW FEEL VERY SOFT AND RELAXED. . . BEGIN TO CONCENTRATE ON YOUR UPPER LEG MUSCLES. . . .THEY SHOULD FEEL VERY LIMP AND HEAVY . . . AGAIN, LOOK FOR THAT SAME FEELING OF RELAXATION WHICH YOU EXPERIENCED BEFORE. . . . AND YOUR CALVES. . . .VERY RELAXED, VERY RELAXED. . . . ON DOWN TO YOUR FEET AND TOES. . . NO MOVEMENT NOW. . . BREATHING EASILY. . . . AND VERY RELAXED. . . .CHECK OVER THE VARIOUS MUSCLE GROUPS. . . .ATTEND AND BE ALERT TO ANY FEELINGS OF TENSION OR MOVEMENT IN YOUR MUSCLES AND MAKE THOSE MUSCLES GO LIMP. . . . . .FINE.

THAT TERMINATES OUR PRACTICE IN RELAXATION TRAINING. WE END RELAXATION BY FIRST MOVING OUR LEGS. . . MOVE YOUR LEGS NOW. OPEN AND CLOSE YOUR HANDS AND SHAKE YOUR ARMS. MOVE YOUR HEAD AROUND. FINE. NOW SIT UP STRAIGHT IN THE CHAIRS.

As the child becomes more skilled in relaxation, a condensed script may be given to the child as a type of "worksheet" which they can progress through independently in their daily practice and will helpthem generalize these techniques to stressful moments in their everyday lives.

Many children find these exercises helpful just prior to sleep.

An example of a "worksheet" condensed from the previous script would be:

1. FISTS -- clench both fists.
2. UPPER ARMS -- bend elbows, tense biceps.
3. UPPER FACE AND HEAD -- close eyes tightly; wrinkle up nose and forehead.
4. LOWER FACE -- pull back corners of mouth and clench jaws.
5. NECK AND CHIN -- pull chin against chest as tightly as possible.
6. CHEST AND UPPER BACK -- pull arms in to side very tightly.
7. STOMACH MUSCLES -- tighten stomach muscles
8. UPPER LEG -- put legs out straight; hold them very stiffly.
9. LOWER LEG -- point toes as far as possible.
10. FEET AND ANKLES -- curl toes as tightly as possible.

Most of the scripts available can be adapted to a variety of specific needs that may be encountered. Several good scripts have been developed specifically for younger children (Koeppen, 1974; Stroebel and Stroebel, 1980).

Visual imagery is a technique frequently used in conjunction with relaxation. It has been described as a sort of "day-dreaming for relaxation" (Steinmetz and others, 1980). A specific scene is imagined, such as walking slowly through a summer meadow in the sunshine. The visualization is then developed. For example, the sun is warm and the sky very blue. The meadow is alive with

blooming wildflowers of all pastel colors imagineable. Butterflies float gently through the warm air, and the only sound you can hear are the sounds of birds in the distance. It is very quiet, and you continue to walk through the meadow, enjoying the peacefulness and calm. Everything here is at peace and in harmony and you feel calm and relaxed as well.

These visualizations can also be adapted for individuals, especially if the person doing the training is aware of a favorite place of the child or a special interest.

Biofeedback

Biofeedback is the name given to a set of techniques used in investigating learned self-control and physiological activity (Hume, 1976). The term was devised as a shorthand expression to describe the process of "feeding back" physiological information to the individual generating the information (Brown, 1977). Although the devices and techniques are new, the principles underlying biofeedback have been around for a long time. Biofeedback reflects the fact that the feedback of information is essential for the efficient learning of any skill. In the case of biofeedback, control of a specific physiological activity, such as muscle tension, is the skill to be learned. The information fed back is the ongoing level of that activity. By monitoring a person's muscle tension, for example, and presenting this information to him/her in an understandable way, such as a dial reading or a tone, it has been found that it's possible to modify the muscle tension in a previously defined direction (Hume, 1976). The ultimate goal is for the person to exercise this voluntary control without the use of the instrumentation (Fuller, 1979).

There are several ways in which the physiological information may be fed back to the subject. The modality may be auditory and/or visual. For both, the information may be analogue, binary, or digital. An example of a visual analogue is a dial with a moving pointer. The physiological level is translated directly and continously into a slowly moving voltage level, which is displayed as a dial reading. Another way is to convert the voltage produced into a straight line display, so the length of the line is proportional to the level of voltage. Auditory analogue also uses a system which converts the activity into a continous voltage, but it is then fed into a converter so the output is a tone. The tone's frequency is proportional to the input voltage, and therefore varies with the physiological level. Digital feedback is usually visual. The physiological information is translated into numbers which are displayed to the person (Hume, 1976; Fuller, 1979).

Today the most commonly used biofeedback instruments are the EMG (electromyograph), temperature, and GSR (galvonic skill response). The EMG involves the monitoring and training of electromyographic activity associated with relaxation of the body, chronic muscle tension, and states of muscle dysfunction. Currently it has the most general application of the major three instruments and has been found beneficial in the treatments of/for: general relaxation, phobic desensitization, tension headaches, and neck and back pain (Fuller, 1979).

Temperature is measured via thermistor(s) placed on the skin's

surface, usually a finger or fingers, with a velcro band. With both visual and auditory feedback, temperature changes are denoted in .1 degree increments on a meter or digital screen and in a rising or falling tone. In initial training sessions, relaxation procedures and imagery are often helpful in facilitating the process. This instrument or technique has been found beneficial in the treatment of Raynaud's syndrome, migraines, and asthma (Fuller, 1979).

GSR, or electrodermal measurement, reflects sweat gland activity and changes in the sympathetic nervous system and the peripheral nervous system. The measurements are made from the palm of fingertips. There is a relationship between sympathetic activity and emotional arousal, although the specific emotion elicited can not be identified. GSR has been demonstrated as useful in systematic desensitization, guided imagery, stuttering and asthma (Fuller, 1979).

Rational Emotive Therapy

An effective stress management technique which is particularly useful for children in the upper elementary grades through high school is Rational Emotive Therapy, also termed cognitive restructuring. Rational Emotive Therapy (R.E.T.) has its basis on the assumption that problems or stresses do not arise directly from the experiences encountered in life but rather from the person's personal evaluation and interpretation of those occurrences.

R.E.T. asserts that thinking influences feelings in an "A-B-C fasion," where "A" is the activating event or happening. It may be some external event (meeting a good friend) or something internal (remembering you forgot your mother's birthday.)

"B" is the belief held about the meaning of the event. This belief or thought frequently takes the form of self-talk. Self-"B" thoughts and can appear as feelings, physical reactions, and/or behavior. Illustration 1 is a portrayal of the A-B-C cycle.

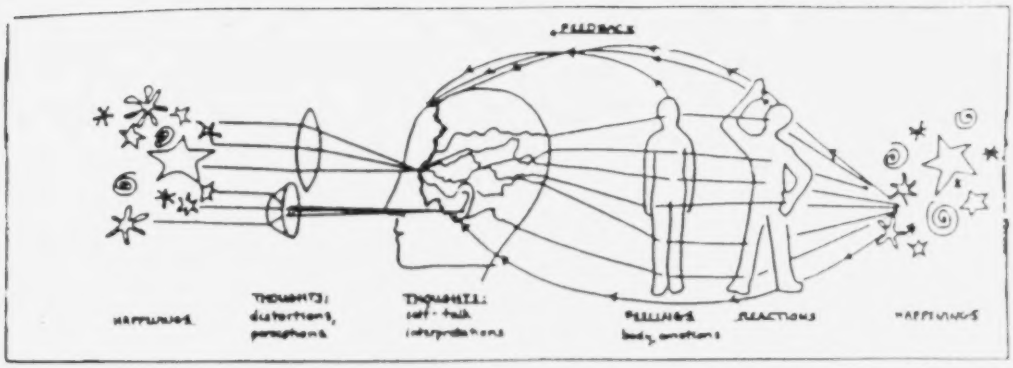

Illustration 1

Many children and adolescents add to their own stress by interpreting events according to irrational and/or habitual beliefs which have little to do with reality and may be self-defeating and destructive. This irrational self-talk, or junk thought, hampers their objective evaluation of the situation and is likely to create, perpetuate, or increase unnecessary stress (Ellis, 1973). Some of the common irrational thoughts held by young people are:

1. It is a dire necessity to be loved or approved by virtually every significant other person in their life.
2. One should be competent, adequate, and achieving in all possible respects to consider oneself worthwhile.
3. Certain people are bad, wicked, or villainous and should be severely blamed and punished for their villainy.
4. It is awful and catastrophic when things are not the way one would like them to be.
5. Human unhappiness is externally caused and people have little or no ability to control their terrors and disturbances.
6. It is easier to avoid than face life's difficulties and self-responsibilities.
7. One's past history is an all-important determiner of one's present behavior. Because something once strongly affected one's life, it should affect it indefinitely (Nichols, 1985).

In order to help break the cycle of junk thought, we, as school psychologists, can teach children individually, in groups, or in classes how to become clear (rational) thinkers. The components of clear thinking are portrayed in Illustration 2.

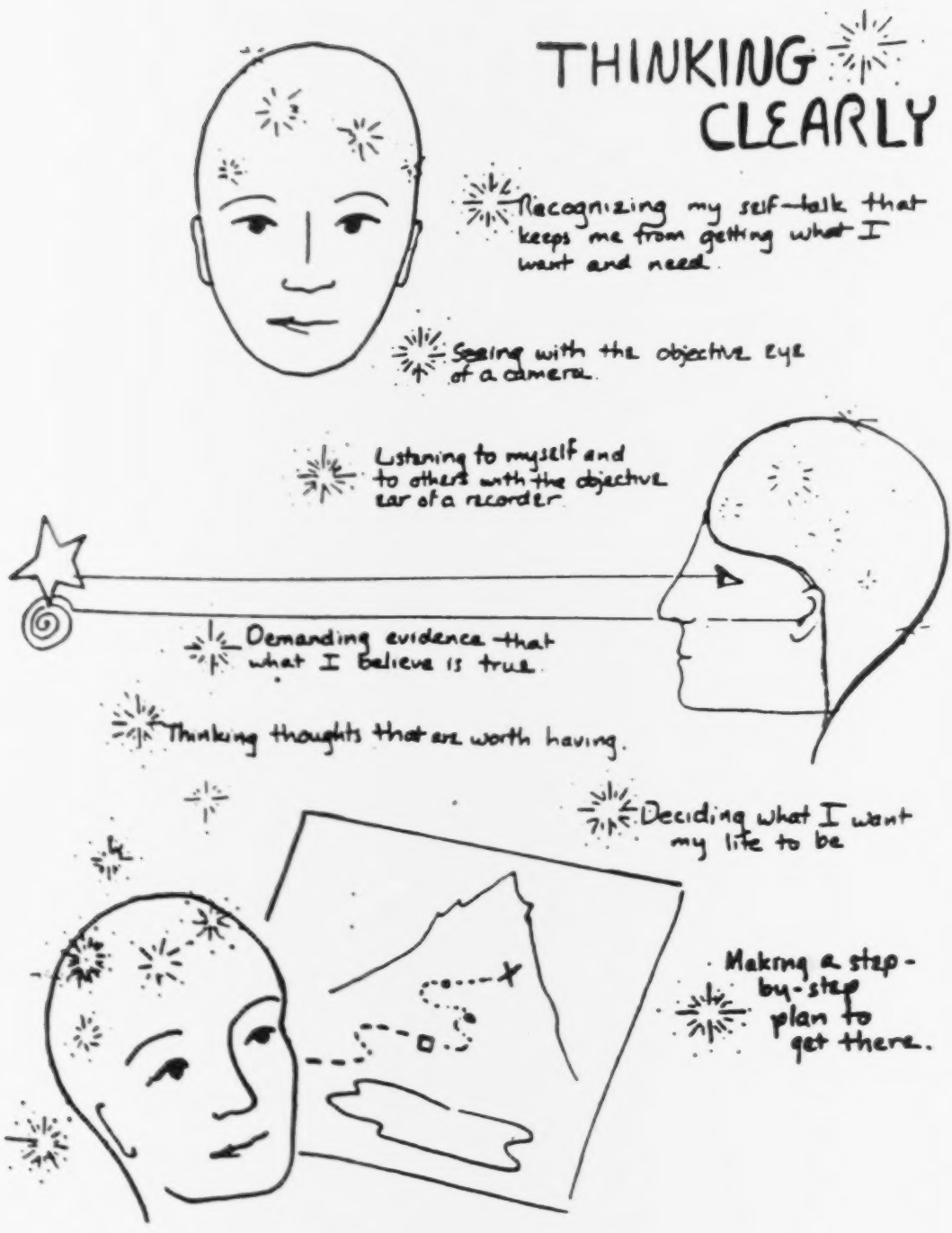
THINKING CLEARLY
Recognizing my self-talk that keeps me from getting what I want and need.
Seeing with the objective eye of a camera.
Listening to myself and to others with the objective ear of a recorder
Demanding evidence that what I believe is true.
Thinking thoughts that are worth having.
Deciding what I want my life to be
Making a step-by-step plan to get there.

Illustration 2

The use of the following worksheet has been helpful in teaching rational or clear thinking.

Happening	Thoughts	Feelings	S.U.D.S.	Reaction

To complete the worksheet, the student cites an event that occurred or the psychologist can present an occurence that is common for that age group. The students then describe what they would/could think if/when that event happened to them. Thirdly, the feelings that could be generated by those thoughts are listed. S.U.D.S. stands for Specific Units of Distress and allows the student to visually display how strong their feeling in the previous column was. Illustration 3 displays a S.U.D.S. meter. In a group situation it is sometimes helpful to make a large SUDS chart on tag board.

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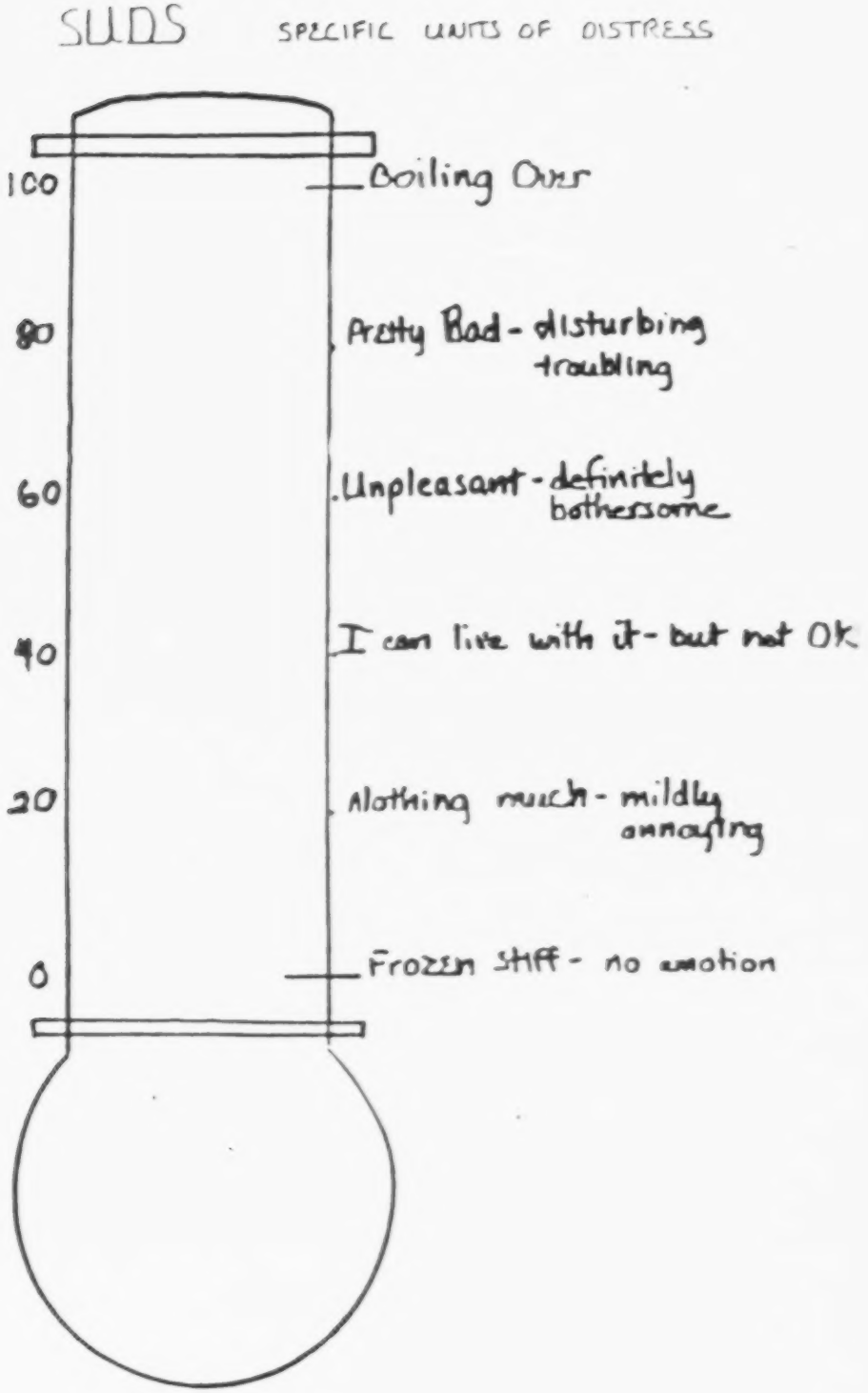

Illustration 3

RATIONAL THINKING - CHALLENGE SHEET

THOUGHT: _____

_____

_____

_____

_____

1. IS IT TRUE?
2. DOES IT HELP PROTECT MY LIFE OR HEALTH?
3. DOES IT HELP ME GET WHAT I WANT?
4. DOES IT HELP KEEP ME OUT OF TROUBLE?
5. DOES IT HELP ME FEEL THE WAY I WANT TO FEEL?

Illustration 4

Finally, possible or actual reactions to the event are listed in the last column.

The focus then moves back to the "Thought" column. One by one the thoughts are listed on a Rational Thinking Challenge Sheet (Illustration 4). The five clear thinking questions are asked. If the student responds to three or more with a "no", they are displaying junk thought (irrational thinking). The SLAM Challenge of Self-Defeating Thoughts (Illustration 5) is also helpful in recognizing irrational self-talk.

Many of the irrational thoughts displayed by young people may be categorized as:

1. All or nothing thinking
2. Overgeneralization
3. Mental filter
4. Disqualify the positive
5. Jump to conclusions
6. Mind reading
7. Magnification
8. Emotional reasoning
9. Should statements
10. Labeling/mislabeling
11. Personalization

SLAM!! CHALLENGING SELF-DEFEATING THOUGHTS

S - SHOULDS

I should do...He should be...It should happen...
Question: Is that a true rule of the whole human race?
Instead: "I wish I didn't have to..., but..."
"It would be nice if he..., but..."
"I've been taught that people should..., but..."
"I want that to be so, but I don't need it..., so..."

L - LABELS

I'm so stupid...He's a jerk...It's all a mess..
Question: If that were stamped on my forehead, would it correctly identify me? the situation?
Instead: "It is not true I am _____(stupid, selfish, etc.) or that he/she is _____(rotten, mean, etc.)"
"I did something that made me feel silly, but _____ (I have wants and needs, too)..."

A - AWFULIZING

What if...?I couldn't stand it!...
Question: What is the worst that could happen?
How likely is that?
Would you collapse or die?
Instead: "That would be very, very unpleasant, but I could stand it."
"It might be invonvenient, but I'd manage."
"That would seem unfair, but then life isn't fair. Some things work out OK and some don't; everyone's life is a mixture. I've stood it before when things seemed unfair, so I guess I can this time, too.
I'll see what choices I can make to work things out the best I can."

M - MISTAKES

I'm afraid I'll mess up...I'll never forgive myself...
Question: Is there some special reason why I shouldn't make mistakes?...All humans do, why not me?...
Instead: Of course I made a mistake...I'm what everybody else is...a FHB (Fallible Human Being)!"
"The past is over. It's OK to forget about it!
Now is what I can do something about."
"I'll feel better if I jut say, 'I messed up; sorry' than if I try to convince someone I'm Not an FHB.

Illustration 5

Typically students who have difficulty with abstract concepts are able to grasp these ideas more easily via characterizations of each. Dr. Polly Nichols of the University of Iowa Child Psychiatry, (1985) has developed such characterizations and has graciously allowed them to be included in this handbook (Appendix C). These characters portray the junk thoughts as well as the Clear Thinker which allows objective viewing of the situation and enables more functional, less-stressed, living.

After the students have mastered the major concepts, a final worksheet may be presented. Often, students make copies of these and are able to use them in their everyday living following the training (Illustration 6).

On this worksheet the happening is written at the top with the automatic thoughts in the first column. Below it are listed the feelings, the S.U.D.S. levels, and how they feel like reacting. The next column is the Junk Thought Challenge and the SLAM test with the feelings desired below. The desired level of that feeling is also listed, as well as what they <u>want</u> to feel like doing. In the final column the student lists new, rational thoughts, their actual feelings and level of feeling from those new thoughts, and what realistically they can do about the happening.

HAPPENING:		
AUTOMATIC THOUGHTS	CHALLENGE • Videotape - True? • Protect life/health? • Get me what I want? • Keep me out of trouble? • Help me feel the way I want? ... • Shoulds? Is that a rule of the whole human race - or just what I wish? • Labels? If ____ was stamped on my forehead, would it identify me? • Awfulizing? What's the worst that could happen? How likely is that? Could I stand it? What would I do then? • Mistakes? Is there some special reason why I'm not what everyone else is - an FHB? (Fallible human being)	NEW THOUGHTS
FEELINGS ⋮ SUDS	DESIRED FEELINGS ⋮ SUDS	ACTUAL FEELINGS ⋮ SUDS
WHAT I FEEL LIKE DOING	WHAT I WANT TO FEEL LIKE DOING	WHAT I REALLY CAN DO

Nichols, P. (1985). Adapted from Maultsby.
Illustration 6

Bibliotherapy

Since Aristotle's day, authors and writers have assumed that literature has the power to influence a person's feelings and attitudes. Historically, reading seems to have had a major purpose of instilling high moral values and virtuous personal characteristics; this was well portrayed for past generations of children in the The New England Primer and The McGuffey Readers. From this belief has developed the reading of selected books and stories for therapeutic purposes; thus called bibliotherapy (Muro and Dinkmeyer, 1977).

> Simply stated, bibliotherapy is help through books. It provides opportunity for youngsters to identify with characters having problems similar to theirs. The social and emotional issues raised in these stories can serve as springboards for meaningful discussions of the child's real problems. Moreover, this approach promotes an awareness that 'no man is an island' and that problems are universal (Malkiewicz, 1970).

The fact that literature is a common part of the child's environment today makes bibliotherapy a natural, non-threatening tool for stress reduction. As the stories are read and discussed, the children identify with the character's situation, feelings, and problems. The simple act of realizing they are not the first nor only child to experience this problem can be very therapeutic in itself.

After the story has been read, the psychologist leads a discussion through a carefully devised set of stimulus questions. In many instances, it is particularly helpful if the questions are worded such that the children can project themselves into the story and subsequently gain some understanding of their own concerns.

The ultimate purpose in this technique is to have the children use the material in the story to work on personal concerns. (Muro and Dinkmeyer, 1977). Although bibliotherapy is typically used with groups of children, it has been found to be an effective tool on an individual basis as well.

Appendix D contains a bibliotherapy reference list which has been categorized by topic for the user's convenience.

Suggestions for Teachers

It is important to remember that the goal is not to eliminate stress but rather to teach how to control and manage the stressors children face.

1. Structure the physical environment as much as possible. Something as simple as an assigned seat may give a child a reassuring sense of individual space and security.

2. Try to set up and follow a predictable schedule. Discussing known changes before they happen, including special events and parties, helps to reduce the stress of the unknown.

3. Letting the children use external aids such as stencils, templates, and cutouts will aid in developing organizational skills and focus attention. Color-coded materials may help in setting a sequence to be followed.

4. Individual assignment sheets may aid in independent task completion, reduce the number of "forgotten" assignments, and increase the success of the children.

5. Children's feelings of competence are closely tied to their perceptions of their academic success. Individual performance progress charts allow children to record their own learning without pitting them against others.

6. All children need to experience academic success. Extra time to complete work and shortened assignments in times of high stress may do a great deal to keep the child achieving in school.

7. Help parents and children set <u>realistic</u> academic goals.

8. Occasionally provide students with experiences that are <u>mildly</u> frustrating. Tolerance for stress is best built gradually.

9. The ultimate goal is for children to develop inner controls from our external controls. Classroom rules, kept to a minimum, can be very helpful particularly when stated clearly and enforced consistently. They can also be posted in the classroom.

10. Provide comfort, support, and understanding to children who are facing stressful events outside of school. In order to do this we need to know something about the children's lives outside of school.

11. Keep a sense of humor in the classroom.

12. An aquarium in the classroom has been found to be relaxing for children under stress.

13. During work time, the use of largo movements from Baroque music in conjunction with relaxation has been found helpful. (Ostrander and Schroeder, 1979).

14. To allow children to discuss topics of interest and concern, teachers may want to implement "classroom meetings." (Glasser, 1969; Sorsdahl, Sanche, 1985).

(Malia, 1986; Beichley, 1985; Chandler, 1981)

Suggestions for Parents

1. Identify and learn to manage the stressors in your own lives. Modeling is one of the best teachers.

2. Be alert for symptoms. When signs of stress appear, try to identify the source of the problem. If your child is uncomfortable talking with you, an older sibling or teacher may be able to help.

3. Set reasonable goals for your children. Recognize your child's capacity, interests, and limits. No child can participate in everything nor excel in everything.

4. Listen to your child and learn to talk <u>with</u> them.

5. Provide consistency and logical consequences in your discipline. Children want and need limits and from them gain a sense of security.

6. Let your child know you believe in and support them.

7. Try to learn more about child development. This will help keep your expectations in line with your child's level of development.

8. Involve children in planning and preparing for predictable stress. Occurrences such as starting school, having a new baby, moving, or going to the hospital are all less threatening if the child has an idea of what to expect and is allowed to help in the planning.

(Kaercher, 1984; Saunders and Remsberg, 1985)

For further information, a list of books which may be of interest to parents is presented in Appendix E.

APPENDIX A

ASSESSMENT MEASURES

HOLMES-RAHE STRESS TEST

Adapted For Children

Each day brings stress into a child's life. Each child has a breaking point for stress; a series of too-rapid changes or too-intense stressors can push him/her closer and closer to that point. Medical researchers have documented the relationship between excessive stress and health problems. Stress, they suggest, makes a person more vulnerable to illness. Physicians Thomas H. Holmes and Richard H. Rahe devised an adult life stress scale to help adults evaluate their level of stress. This scale has been adapted for you to evaluate your child's stress level.

PURPOSE: This scale is designed to measure the amount of stress in a child's life at this time and thus give an indication of his/her present susceptibility to health problems.

DIRECTIONS: Check the events listed that have happened to your child during the past year.

Events		Points
1.	Death of a parent	100
2.	Divorce of parents	73
3.	Separation of parents	65
4.	Parent's jail term	63
5.	Death of a close family member (i.e., grandparent)	63
6.	Personal injury or illness	53
7.	Parent's remarriage	50
8.	Suspension or expulsion from school	47
9.	Parents' reconciliation	45
10.	Long vacation (Christmas/summer)	45
11.	Parent or sibling sickness	44
12.	Mother's pregnancy	40
13.	Anxiety over sex	39
14.	Birth or adoption of new baby	39
15.	New school, classroom or teacher	39
16.	Money problems at home	38
17.	Death (or moving away) of close friend	37
18.	Change in studies	36
19.	More quarrels with parents (or parents quarreling more)	35
20.	Change in school responsibilities	29

Events		Points
21.	Sibling going away to school	29
22.	Family arguments with grandparents	29
23.	Winning school or community awards	28
24.	Mother going to work or stopping work	26
25.	School beginning or ending	26
26.	Family's living standard changing	25
27.	Change in personal habits - (i.e. bedtime, homework)	24
28.	Trouble with parents, lack of communication, hostility	23
29.	Change in school hours, schedule or courses	20
30.	Family's moving	20
31.	New sports, hobbies, family recreation activities	19
32.	Change in church activities - more involvement or less	19
33.	Change in social activities - new friends, loss of old ones, peer pressures	18
34.	Change in sleeping habits - staying up later, giving up nap	16
35.	Change in number of family get-togethers	15
36.	Change in eating habits - going on or off diet, new way of family cooking	15
37.	Breaking home, school or community rules	11

SCORING: The Points column opposite each life event gives it a numerically weighted value from 15-100. Total the numerical value for all life events that you have checked. Refer to the score range below to classify your child's stress score.

Score Range	Interpretation
300+	Major Stress
250-299	Serious Stress
200-249	Moderate Stress
150-199	Mild Stress
149-0	Very Little Stress

SOURCE: Adapted from T.H. Holmes and R.H. Rahe, "The Social Readjustment Rating Scale," Journal of Psychosomatic Research 11 (1967): 213-218.

This children's version was adapted by Mary Susan Miller, Des Moines Sunday Register, September 5, 1982.

LOSS INVENTORY FOR KIDS

Directions:
1. Read the loss listed below.
2. If you have experienced that loss, place an "X" in the appropriate "time factor" box.
3. When you have completed the entire inventory of losses, tally each loss as follows; Multiply "impact factor" by "time factor" and enter the answer in the far right column. Add "total" column vertically for your total score.
4. See score impact information at end of this inventory.

	IMPACT FACTOR	TIME FACTOR			IMPACT "X" TIME FACTOR
		0-6 Months	6 mos. 1 year	1 year 4 years	
		x 5	x 3	x 1	
Death of parent	10				
Death of brother/sister	10				
Divorce of parents	10				
Extended separation of Parents (no divorce)	10				
Diagnosed terminal illness of self/parent/sibling	10				
Death of close relative	9				
Major personal injury or illness (loss of limb, etc.	9				
Abortion	9				
Rape	9				
Marriage/Re-marriage of parent	8				
Unplanned job loss-self/ parent (fired, layed off)	8				

Sub-total this page

	IMPACT FACTOR	TIME FACTOR 0-6 Months x 5	TIME FACTOR 6 mos. 1 year x 3	TIME FACTOR 1 year 4 years x 1	IMPACT "X" TIME FACTOR
Mother beginning work or going back to school	6				
Class/teacher/schedule change	5				
Sporadic school attendance	5				
Moving within city	5				
Beginning/end of school	5				
Taking new job after school	5				
Temporary separations w/in family (military, business)	4				
Change in physical appearance, (pimples glasses, etc.	4				
Violations of the law (drugs, speeding)	4				
Trouble in school (teacher/principal)	4				
Change in living conditions (sharing a room, remodeling)	3				
Christmas/Easter/ Vacations	3				

Sub-total this page

	IMPACT FACTOR	TIME FACTOR 0-6 Months x 5	TIME FACTOR 6 mos. 1 year x 3	TIME FACTOR 1 year 4 years x 1	IMPACT "X" TIME FACTOR
Retirement - parent	8				
Unwanted pregnancy	8				
Changing to new school	8				
Major change in a family member (health, behavior)	8				
Moved or kicked out of home before age 18	8				
Permanent suspension from school	8				
Gaining new family member (birth, adoption, relative	7				
Change in financial status of family (much better/ worse)	7				
Love relationship breakup	7				
Death of a friend	7				
Diagnosed LD	6				
Loss of harmony (conflicts) w/parents, teachers, friends	6				
Brother/sister leaving home (marriage, college, run-away)	6				
				Sub-total this page	

		TIME FACTOR			IMPACT "X"
		0-6 Months	6 mos. 1 year	1 year 4 years	TIME FACTOR
	IMPACT FACTOR	x 5	x 3	x 1	
Daily success loss (A to B on paper, didn't make team)	3				
Argument with friend	3				
		Sub-total this page			
		Sub-total 1st page			
		Sub-total 2nd page			
		Sub-total 3rd page			
		Composite score			

IMPACT:

Under 150: Probably have not faced major losses within the last year. It is not that your life is without loss, however, you should have adjusted to the losses that have occurred.

150-300: You are experiencing an average amount of loss in your life. More than likely you have experienced no or very few major losses within the last year. The losses you experienced did cause a change in your life and warranted some adjustment from you, however, there should not have been great confusion/pain with his adjustment.

300-400: May have experienced severely high level losses in the last four years or one major loss in the last year. The losses may have caused a degree of confusion/pain and re-adjustment may have been difficult and prolonged.

400 and up: Probably have experienced multiple high level losses within the last year. These losses more than likely have affected you physically and emotionally. Adjusting to the losses has been painful, confusing, and has caused major interruptions that you had to deal with.

APPENDIX B

GROUP LETTERS

TEACHER INFORMATION FORM

TO: Teachers of grades 3 and 4

FROM: _____, School Psychologist

RE: Group Counseling

A children's group is being planned for _____ school for grades 3 and 4. The group will be run by _____, School Psychologist. The tentative goals for the group are:

1. to help the children improve their relationships with peers and adults;

2. to help the children improve their feelings of self-worth and their self-confidence;

3. to help the children learn more about their feelings and to be able to express their feelings more appropriately.

A group setting is an excellent place to help children learn and practice the above skills. Hopefully they will generalize to the classroom, playground, and home.

The type of child who would be appropriate for the group are those who have difficulty relating to their peers and/or adults and experience trouble making or keeping friends. They may be shy/withdrawn or overly aggressive; generally they appear immature.

The group is planned for Wednesdays to start _____and continue until _____. Each session will be 30 minutes long. If you have any students you think would benefit from the group, please fill out the information below and return it to the _____by _____.

Thank you.

Possible Students for Group

	Student Name	Grade	Age	Parent Name	Address	Telephone
1.						
2.						
3.						
4.						
5.						
6.						

Teacher _____

PARENT CONSENT LETTER

Dear ,

As we discussed on the telephone, the school psychologist will be conducting group counseling sessions for some of the students in _____school beginning _____. The group meetings will be held weekly for 30 minutes per meeting and will continue until _____. The meetings will be conducted during the school day and will focus on building the children's self esteem and developing their interpersonal and social skills. There is no charge for this service.

In order for your child to participate, we need to obtain your written consent. Please complete the bottom of this letter and return it to the principal by _____.

If you have any questions or concerns, please do not hesitate to call.

_____ _____
Principal School Psychologist

_____ I give my permission for _____to participate in group counseling.

_____ I do not want my child to participate in a group at this time.

_____
Parent/Guardian Signature

END OF GROUP LETTER

Dear _____,

As you are aware, the group your child particiated in has recently concluded. The group focused on building the members' self-concepts, developing appropriate interpersonal skills, and understanding their feelings. The group _____ participated in had _____members.

Here is included a paragraph geared specifically for the individual child and their performance in the group.

If you have any questions regarding the group, please feel free to contact me.

Sincerely,

APPENDIX C

CHARACTERIZATIONS OF JUNK THOUGHT AND CLEAR THINKERS

THE PROPHET OF DOOM
...BLOWS A PROBLEM UP UNTIL IT FEELS LIKE A CATASTROPHE
..WORRIES AND FEARS UNTIL HE'S SURE HE CAN'T STAND IT.
..INSISTS THAT HE KNOWS IT WILL BE SO AWFUL THAT HE HAS A RIGHT TO REFUSE, RUN AWAY, OR FIGHT BACK.
THE END OF THE WORLD IS AT HAND!
SELF-TALK VOICE SAYS —
WHAT IF?
WHAT IF THIS HAPPENS?
WHAT IF HE SAYS THAT?
I CAN'T STAND IT!
IT'S HORRIBLE!
IT WOULD BE AWFUL!

CLEAR THINKING
THE PERMITTER SAYS — "It's OK to be afraid of specific things - it will help keep me safe ...
THE GUIDE SAYS — ... but I won't make myself frantic over things that aren't worth it! After all,
"WHAT'S THE WORST THAT COULD HAPPEN?
Specifically, _____
"HOW LIKELY IS THAT?
How many chances out of 100. it will happen?
"COULD I STAND IT?
Would I die? Fall into a coma?
Of course not! I've been lonely, uncomfortable, embarrassed... before. I didn't enjoy it, but I stood it.
WHO SAYS I COULDN'T AGAIN?
I'll make a deal with myself —
" I'll name the specific thing that I fear the most, and I'll make a PLAN to make it manageable, one small step at a time.
PLAN

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THE MYSTIC MINDREADER

...knows things she could only know if she could read people's minds.
...looks into the future and tells what will happen.
...tells us how everything that goes on everywhere is related to ourselves.

SELF-TALK VOICE SAYS -

"I know what she was really thinking"

"I'll never, never fall in love again."

"I can tell he really doesn't care."

"They were talking about me when I walked in."

"I know she didn't really mean it when she smiled at me."

- I have a feeling that it's all going to be

"I just know she's cheating"

THE CLEAR THINKER

"WHAT POSSIBLE EVIDENCE DO I HAVE THAT ALL THESE THINGS I "JUST KNOW" ARE TRUE?

THE GUIDE SAYS -

"I am making myself miserable. I am so AFRAID THAT CERTAIN THINGS MIGHT BE TRUE, THAT I FEEL AS BAD AS IF I KNEW THEY WERE TRUE AND TALK TO MYSELF AS THOUGH THEY WERE REALLY ABSOLUTELY TRUE.

"I'll make myself feel OK. I'll be honest about my worry, and then add a "BUT" statement for hope.

"I'm worried that she may not like me, BUT I don't have any reason to think that.

"I hope he really cares, BUT if he doesn't I'll look for someone who will

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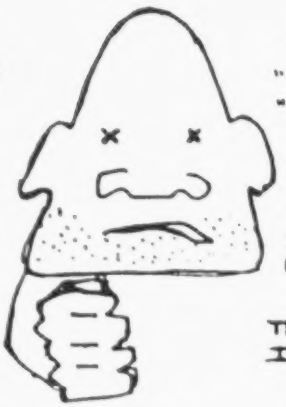
THE MAD MAN

...thinks everything he doesn't like is a good reason for a fight.

...tells you never to take NO for an answer or you're a sissy.

...can't think very well, so figures that when he feels upset, the only thing to do is GET MAD.



SELF-TALK VOICE SAYS —

"SNARL... SNEER...
"HE HAD NO RIGHT TO YELL AT ME —
"I GOTTA RIGHT TO BE MAD WHEN SOMEBODY TELLS ME I GOTTA DO SOMETHING I DON'T WANNA DO —
"SURE I HIT HIM — THAT'S JUST HOW I AM — "

CLEAR THINKING —

THE PERMITTER SAYS - "It's OK to feel anger -

THE GUIDE SAYS - "I can feel angry and still know that I CAN HANDLE IT

"When my body tells me I'm really riled, I can use that as a signal to relax, take a few deep breaths, and stay cool.

"I have a right to be annoyed, but I won't let him get me into trouble!

"As long as I keep cool, I'm in control. For someone to act like that, he must be really upset. He wants me to fight - I'll disappoint him!

"I can't expect people to act the way I want them to

I've learned what things trigger my anger - if I can't avoid them, I can still cope with them.

"I have a plan for coping with my strong angry feelings - with practice comes control!"

After all, WHO SAYS YOU GOTTA FIGHT OR BE A "SISSY?"

People who aren't smart enough to figure out another way to get what they want and need without risking big trouble, that's who!

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THE HANGING JUDGE

...has to find out who is to BLAME for anything bad that happens.

...assigns GUILT to people who make mistakes.

...sentences people he has judged to be BAD to life sentences of feeling miserable.

...thinks it's AWFUL if people don't suffer for their wrong doing.

SELF-TALK VOICE SAYS -

"IT'S ALL MY FAULT.

"HE'S TO BLAME FOR IT ALL - SHAME ON HER.

"HE'S GUILTY - I CAN'T STAND IT IF HE ISN'T PUNISHED.

"I'M GUILTY. I DESERVE TO BE MISERABLE.

"ONCE I'VE BEEN FOUND GUILTY, I HAVE NO RIGHT EVER TO BE HAPPY AGAIN.

CLEAR THINKING

THE PERMITTER SAYS -

" It's OK to FORGIVE yourself.

THE GUIDE SAYS -

" Knowing "who started it" or "who's to blame" won't make anything that happened get better.

" I regret having done that. I'm sorry that it hurt or inconvenienced another person. I will do what I can to make it better, and I will accept the consequences of my mistake.

But the fact that I was wrong and made a mistake does NOT mean that I am BAD or a SINFUL PERSON who DESERVES PUNISHMENT because I am so HORRIBLE. It just means I am an FHB (fallible human being) who made a mistake I regret.

" WHO SAYS ANYONE WHO DOES SOMETHING WRONG MUST SUFFER? Is that a rule of the whole human race? Will I make the lives of others better because I feel miserable?

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THE SPOILER

...tells you you're a special person who should have everything be easy and comfortable.

...tells you you don't have to wait for anything you want right now.

...treats you like a grandma's baby and doesn't think you can manage on your own.

...won't let you try anything hard for fear you'll fail.

lets you think that the things you want are things you really need

SELF-TALK VOICE SAYS -

Why should I do it? Someone else can.

That's too hard - work should be easy.

They shouldn't make me do stuff - I don't want - they're awful!

I really need something now - everybody else has one!

I can't do it - it's too painful

CLEAR THINKING

THE PERMITTER SAYS -
"It is OK to relax and enjoy myself....

THE GUIDE SAYS -
"but not if I do because I don't think I'm tough enough to work hard, be uncomfortable, and still stand it

"what evidence do I have that I can't do something just because it's hard or boring?

"Aren't I as competent as other human beings?

"I don't want to do it, I wish I didn't have it to do, it won't be any fun at all - BUT I CAN HANDLE IT

"It causes me pain. . maybe I'll even fail. BUT I CAN HANDLE IT

"I WANT to have stuff I like, but I don't NEED to have it. If I think I can't stand to be without stuff I want, I'll be miserable - or get myself in big trouble!

"WHO SAYS I'M NOT TOUGH ENOUGH TO HANDLE IT!

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THE HISTORIAN

...looks for all truth in the PAST.

...believes that once you have a bad experience, you'll have it again ALWAYS in that situation.

...believe that anything written in history is carved in stone and ABSOLUTELY true for all time to come.

...loves to about the past because he always knows how it's going to turn out.

SELF-TALK VOICE says -

"History repeats itself - ALWAYS.

"Remember that time that teacher was unfair to me? That proves you can NEVER trust teachers.

"She will ALWAYS be out to get me.

"Remember the mess I made of that situation? That shows I CAN NEVER do it right.

CLEAR THINKING

THE PERMITTER SAYS - "It's OK to forget about the past."

THE GURU SAYS - "Because something happened once does not mean it has to happen ALWAYS - that's hopeless thinking!

"Because something upset me once does not mean it MUST upset me again - I have a choice!

"What evidence is there that he NEVER liked me?

"Can I truly say that she was ALWAYS mean to me?

"When I use words like NEVER & ALWAYS & CAN'T EVER, I make myself believe that the past is powerful.

WHO SAYS HISTORY MUST REPEAT ITSELF?

At least where I'm concerned, I can make choices about what life will be.

"The past is just that - the past. I can't change it. It can't hurt me unless I make myself miserable by going over & over it again.

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THE PERFECT PERSON

...says you must be perfectly perfect.

...is only satisfied when you say you're perfect (and then tells you you're better than everyone else.)

...is disgusted when you're less than perfect (and says you're the worst.)

...tells you you must do everything to the very best of your ability — or you are worthless.

SELF-TALK VOICE SAYS —

- "I should never hurt anybody's feelings, or I am cruel.
- "I should get top grades, or I am STUPID
- "I should never think of myself, or I am SELFISH.
- "I should always do my best, or I am LAZY.
- "I should never make a mistake, or I am a LOSER.
- "I should never think anything good about myself, or I am CONCEITED.
- "I should keep my room neat, or I am a SLOB
- "I should be everybody's friend, or I am a NERD
- "I should floss my teeth every day, or I am IRRESPONSIBLE
- "I should lose 9½ pounds, or I am FAT
- "I should be nice to my grandmother, or I am a ROTTEN KID.
- "I should make captain of the team, or I am a FAILURE.
- "I should date the cutest guy, or I am UNPOPULAR.
- "I should love broccoli, or I am UNGRATEFUL.

CLEAR THWKING

THE PERMITTER SAYS —

"It's OK to —
hurt someone's feelings...
get a bad grade...
think about my own wants & needs
do less than my best sometimes
make mistakes...
think well of myself
mess up my whole room
dislike some people...
go to bed with dirty teeth some nights
eat a banana split...
ignore my grandma so she won't kill me
not make the team...
date nobody at all...
hate broccoli..."

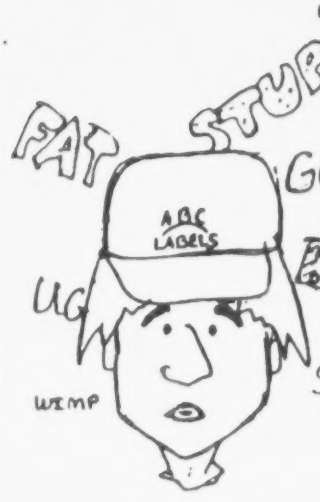
THE GUIDE SAYS —
"Every time I hear the Perfect Person's voice give me a "SHOULD," I'll say,
"WHY? IS THAT A RULE OF THE WHOLE HUMAN RACE?"
Then I'll give an "IT'S OK to..." statement for an antidote.

THE SIGN PAINTER

...Labels are his business

...He can sum up the most complicated situation of personality in one simple word!

...CAUTION! Labels may be indelible. One stamped on oneself or another, they may be hard to remove.



SELF-TALK VOICE SAYS-

I AM:
- STUPID
- UGLY
- ROTTEN
- WORTHLESS
- HOPELESS
- DANGEROUS

HE or SHE IS:
- UNFAIR
- MEAN
- BRAINY

CLEAR THINKING

THE PERMITTER SAYS... "It's OK to paint labels..... but not onto yourself or other people!

THE GUIDE SAYS..

"I am stupid" is like an equation - I = stupid.

I ask myself, "Is that true? If STUPID was stamped on my forehead, would everyone agree it was an accurate label?

"WHO SAYS I CAN BE LABELLED? I'M A COMPLEX HUMAN BEING - SAVE YOUR LABELS FOR YOUR PICKLE JARS!

"I'll make a deal with myself. Everytime I hear myself use a label, I'll
a) take it off a person
b) put it on a specific action or feeling
c) read a book
d) say "I'm OK."

~~I am STUPID~~ I felt kinda stupid when I forgot his name, but I guess he forgot mine, too. I'm OK!

He is MEAN What he said sounded mean to me, but maybe I misunderstood. - I can stand it! I'm OK!

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ATLAS

... carries the weight of the whole world on his shoulders.

... believes he is RESPONSIBLE for everything that happens just because it affects him in some way.

.. can't ever relax or everything will tumble down and break into a million pieces

SELF-TALK VOICE SAYS -

"If I don't do this right, everything will be ruined."

"If it hadn't been for me, that would never have happened."

"Why should I be happy if people in Africa are starving?"

"My folks would still be together if it hadn't been for me."

"If I'm not there to take care of it, what will happen?"

CLEAR THINKING

THE GUIDE SAYS -

"Life will go on whether I worry about it or not.

"What evidence do I have that I am responsible?

"And even if I am responsible, will my worrying help me? Will it fix the problem?

"The fact that I am bothered by events doesn't mean I caused them or that I can fix them.

"After All, WHO SAYS I'M SO MIGHTY THAT I CAN CAUSE OR SOLVE ALL THE PROBLEMS IN THE WORLD!

THE PERMITTER SAYS -

"It's OK to relax

"It's OK to let someone else carry that burden

"I'll make a deal with myself. I'll ask myself, "whose problem is it?" If it's mine, I'll make a plan to solve it. If it's not mine, I'll make a plan to stop worrying myself over it.

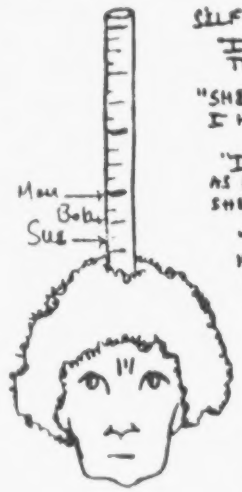
THE COMPETITOR

...walks around with a measuring rod stuck in her head.

...constantly checking to see how well she measures up.

...believes that IF anyone else has something desirable, it means she is worth less.

...can't be sure just what she is - just how much more or less wonderful she is than others.



SELF-TALK VOICE SAYS -

"I'M NOT OK IF I'M NOT THE BEST.

"SHE HAS SUCH A GREAT BODY. I HATE HER.

"I WONDER IF I'M AS CUTE AS DENISE ... AS POPULAR AS SHELLY ... AS SMART AS ADAM.

"HE LIKES HER BETTER THAN HE LIKES ME - I CAN'T STAND IT.

"MY THIGHS ARE FATTER THAN HERS. BUT AT LEAST I DON'T HAVE A ROTTEN PERSONALITY LIKE SHE DOES.

"WHY SHOULD THEY BE BETTER THAN I AM? IT ISN'T FAIR!

CLEAR THINKING

THE PERMITTER SAYS, • IT'S OK NOT to be THE Best
- " Prettiest
- " Smartest
- " ...est

• "IT'S OK TO STRIVE TO BE MY PERSONAL BEST

• "It's quite OK to lose, to be handicapped, to fail

THE CRITIC SAYS:

"When I play life as the RATING GAME, I'm bound to lose. Life isn't a contest - it's just life.

I don't have to be special. I just have to be me, a fallible human being (FHB).

It would be pleasant to be the ____est, but I'm probably not, so I guess I'll just have to stand it!

WHO EVER SAID I'M OK ONLY WHEN I'M THE BEST?

Just about everybody, those who -

"You're the sweetest little girl I ever saw!"

"Tom played great today - what happened to you?"

"I'll give you a dollar for every 100 you get."

"Your sister's the prettiest, but you're the smartest in the family."

WHO SAYS I HAVE TO GO ON MAKING MYSELF MISERABLE BY RANKING MYSELF?

No one. I'll stop.

"I'll make a deal with myself. Every time I catch myself playing the rating game, I'll tell myself "STOP. That's a losing game that makes me miserable. It would be pleasant to be as ____ as ____, but if I'm not, I can still feel OK about the things I am and can do." Then I'll remind myself of one - "I passed that toughie today."

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APPENDIX D

BIBLIOTHERAPY REFERENCE LIST

BIBLIOTHERAPY REFERENCE LIST

The following reference list represents a sample of some of the literature available for use with children and adolescents (Muro and Dinkmeyer, 1977, Elbert, 1982; Disenhouse, 1985; and Moody and Limper 1971).

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APPENDIX E

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ADDITIONAL REFERENCES FOR PROFESSIONALS

Biofeedback

Associations

American Association of Biofeedback Clinicians
Incentives
Des Plaines, Illinois 60016

The Biofeedback Research Society
University of Colorado Medical Center
420 Est Ninth Avenue
Denver, Colorado 80220

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